

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AB</i>		
O.I.P.E. CLASSIFIER			5/3/94
FORMALITY REVIEW	<i>ER</i>	70029	5-18

### INDEX OF CLAIMS

.....	Rejected	N	.....	Non-elected
.....	Allowed	I	.....	Interference
(Through numeral).....	Canceled	A	.....	Appeal
.....	Restricted	O	.....	Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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